

***Ages and Stages Questionnaires-3 (ASQ-3) and the
Ages & Stages Questionnaires: Social/Emotional-2 (ASQ: SE-2)***

**Companion Document
To the MIHP Operations Guide**

INTRODUCTION

The Ages and Stages Questionnaire (ASQ) is a screening tool used with all MIHP infants to identify children who may be at risk for developmental delays. Infancy is a dynamic time of change across multiple developmental domains. An infant's status may change in a surprisingly short period of time. Unless ongoing developmental screening is conducted, early identification of potential concerns may not occur, and the necessary referral, support and treatment may not be provided for the infant. Therefore, developmental screening must be provided for all MIHP infant beneficiaries.

The ASQ companion document will provide information about the ASQs including how and when to administer them. Information on the Bright Futures screen included in the infant risk identifier and adjusting for prematurity, is included as well.

We hope you find this companion document useful and will refer to it anytime you have a question on conducting the Bright Futures or Ages and Stages Questionnaires. You may also call the MIHP Universal Support and Consultation phone number at (517 833-644-6447) or send an email to the MIHP@michigan.gov.

Table of Contents

Required Infant Developmental Screening Tools	1
ASQ-3 Materials Kit	1
ASQ Trainings	1
Bright Futures Developmental Screening Tool	2
Ages and Stages Questionnaire Developmental Tools	3
When to Administer the Initial ASQ-3 and ASQ:SE-2	3
ASQ Questionnaire Intervals: Selecting the Right Questionnaire Based on Age	4
ASQ-3 Month Intervals	5
ASQ:SE-2 Month Intervals	5
ASQ-3 and ASQ:SE-2 Administration Intervals	5
Using ASQ Scores to Determine What Action the MIHP Provider Should Take	6
Adjusting for Prematurity across MIHP Developmental Screening Tools	7
Completing and Filing the ASQ-3 and ASQ:SE-2 Information Summaries	8
ASQ-3 Summary Form	8
ASQ:SE-2 Summary Form	9
Learning Activities When ASQ-3 Score is Close to the Cutoff	10
Learning Activities When ASQ:SE-2 Score is Close to the Cutoff	11
Infants Being Screened by Other Early Childhood Providers	12
Developmental Screening with Multiples	12

MIHP Required Infant Developmental Screening Tools

MIHP providers must purchase and use the following standardized screening tools and related materials from Brookes Publishing for developmental screening:

1. *Ages and Stages Questionnaires, 3rd Edition (ASQ-3)*
2. ASQ-3 User's Guide
3. ASQ-3 Learning Activities (book with CD)
4. *Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)*
5. ASQ:SE-2 User's Guide

Available in English and Spanish

<http://www.brookespublishing.com/store/books/squires-asqse/index.htm>

If the MIHP Agency does not provide infant services, you are not required to purchase the ASQ materials. However, the MIHP agency to which you transition your beneficiaries after the baby is born must purchase and use them. You must ensure that your partnering transition agency is using the ASQ developmental screening tools.

Sharing copies of ASQ materials among MIHP agencies is prohibited under copyright law.

The *ASQ-3 Materials Kit*, which includes approximately 20 toys, books and other items designed to encourage a child's participation and support effective, accurate administration of the questionnaires may be purchased. The *Materials Kit* is available from Brookes Publishing: <http://agesandstages.com/>

ASQ Trainings

The MIHP program coordinator should make sure that professional staff are very familiar with this document and that they are well-trained on using the ASQ tools. Staff who conduct ASQ screenings must view the no-cost online training titled *ASQ-3 and ASQ:SE-2 Developmental Screening in MIHP* at the MIHP website. The training explains how to administer and score the ASQ-3 and ASQ:SE-2. Staff must also become very familiar with the *ASQ-3 User's Guide*, the *ASQ-3 Learning Activities* book and the *ASQ:SE-2 User's Guide*.

ASQ Training Videos Produced by Brookes Publishing

Three training DVDs are available from Brookes Publishing. These DVDs are titled:

1. The Ages and Stages Questionnaires on a Home Visit (\$49.95)
2. ASQ-3 Scoring and Referral (\$72.05)
3. ASQ:SE-2 in Practice (26 minutes) (\$49.95)

Brookes also has archived three webinars addressing changes in the *Ages and Stages Questionnaires* and discussing ways to best utilize both the ASQ:SE-2 and the ASQ-3. The links are available on YouTube. Links are also available on the Brookes Publishing website at <http://agesandstages.com/>

Bright Futures Developmental Screening Tool

MIHP developmental screening begins at program enrollment, when the *Infant Risk Identifier* is administered. The *Infant Risk Identifier* includes developmental screening questions from *Bright Futures*, an initiative of the American Academy of Pediatrics. *Bright Futures* screening questions are included for each of the following age ranges:

- Less than 3 weeks
- 3 to 4 weeks
- 1 month 0 days to 2 months 30 days
- 3 months 0 days to 4 months 30 days
- 5 months 0 days to 7 months 30 days
- 8 months 0 days to 10 months 30 days
- 11 months 0 days to 12 months 30 days
- 13 months 0 days to 15 months 30 days

There are 5 to 11 screening questions for each *Bright Futures* age range. The individual who is administering the *Infant Risk Identifier* selects the age-appropriate set of questions, adjusting for prematurity, as needed. See “Adjusting for Prematurity across MIHP Developmental Screening Tools” later in this document.

Once the *Infant Risk Identifier* has been administered and *Bright Futures* screening has been repeated, if necessary, all follow-up developmental screening is conducted using the ASQ Questionnaires. There is one exception, however; the ASQ-3 is not administered with an infant who is younger than one month of age, per the publisher’s instructions.

The timing of the initial follow-up screening using the ASQ tools depends on the primary caregiver’s responses to the *Bright Futures* questions, as detailed below:

Positive *Bright Futures* Screen (concern is triggered):

1. If the infant is less than two months old and at least one *Bright Futures* “not yet” box is checked, administer the ASQ-3 within two weeks. (The infant must be at least one month old before it’s appropriate to administer the ASQ-3.

If the infant is less than one month old, use the age-appropriate *Bright Futures* questions from the *Infant Risk Identifier*.)

2. If the infant is two months or older and at least two *Bright Futures* “not yet” boxes are checked, administer the ASQ-3 within two weeks.

If the infant is at least three months old, also use the ASQ:SE-2. (The infant must be at least one month old before it’s appropriate to administer the ASQ:SE-2.)

You are not required to administer both the ASQ-3 and the ASQ:SE-2 at the same visit.

Additional Clarification:

We are recommending that agencies rescreen a young infant in 2 weeks-if at least one “not yet” is checked-and not pull a POC2 (unless the infant meets the criteria in column two on the General Infant Development POC2).

The threshold of two or more “not yet” on the Bright Futures section of the IRI will still trigger a risk score & creation of a General Infant Development POC2.

Ages and Stages Questionnaire Developmental Tools

The ASQ-3 is used to monitor and identify issues in general infant development in the communication, gross motor, fine motor, problem-solving, and personal-social domains. *The ASQ:SE-2* is used to monitor and identify issues in infant development in the social-emotional domain.

MIHP uses the ASQ screening tools to determine if a child should be referred to Early-On for a comprehensive evaluation and to help home visiting programs, early intervention programs, Early Head Start, Head Start, child welfare agencies, and other early childhood programs accurately screen infants and young children to determine who would benefit from an in-depth evaluation around social-emotional development

ASQ questionnaires were developed to be completed by parents and scored by professionals, paraprofessionals or clerical staff. The parent tries activities with the child and/or answers quick questions about the child’s abilities. It takes about 15 minutes for a parent to complete the questionnaire. Having parents complete the ASQ is not only cost effective, but also *enhances the accuracy* of screening - regardless of socioeconomic status, location, or well-being - by tapping into parents’ in-depth knowledge about their children.

You can mail or give the ASQ to a parent and ask her to complete it before your next visit. Or, you can help a parent complete the ASQ during a visit if she is unable to read or has other difficulties completing it independently. (There is also an online completion option, but programs must purchase a subscription to this service.)

When to Administer the Initial ASQ-3 and ASQ:SE-2

It is important to conduct the initial ASQ-3 and the initial ASQ:SE-2 as early as possible for the following reasons:

1. Many infants are lost to MIHP care after only a few visits. Screening early ensures that these infants will be screened at least once.

2. Many MIHP families, like other families, deeply appreciate the information they get from developmental screening and see it as a real benefit of MIHP participation. Screening appears to be a way to engage some families that would otherwise drop out of MIHP.
3. Children living in poverty are at higher risk for developmental delays than other children. The sooner a developmental delay is identified, and early intervention services are initiated, the better. Early intervention increases the probability of a better outcome long term and could positively change the trajectory of the lives of many MIHP infants.

It is important to conduct repeated administrations of the *ASQ-3* and *ASQ:SE-2* for the following reasons:

1. Child development is dynamic (rapidly changing) in nature.
2. Some developmental delays are not detectable at all stages of development.
3. Repeated developmental screening provides a more accurate assessment of development than a one-time evaluation, and developmental screening at multiple ages allows for monitoring of developmental progress (or regression) over time.
4. Repeated developmental screening promotes and supports a parent's understanding of her child's development.

It is important to screen all children for developmental delays, but especially those who are at a higher risk for developmental problems due to preterm birth, low birth weight, or having a brother or sister with an autism spectrum disorder. (*Centers for Disease Control and Prevention*)

If no concerns are triggered by the *Bright Futures* screen in the *Infant Risk Identifier* administer the *ASQ-3* specified below:

- At the first professional visit (not the *Risk Identifier* visit).
- If the infant is not yet two months old administer the *ASQ-3* at the first visit conducted after the infant turns two months old.
- Repeat *ASQ-3* screenings at the time intervals specified in the grid in the previous section titled *Using ASQ Scores to Determine What Action the MIHP Provider Should Take*.

ASQ Questionnaire Intervals: Selecting the Right Questionnaire Based on Age

It's important to distinguish between *ASQ* questionnaire intervals and *ASQ* administration intervals. *ASQ* questionnaire intervals pertain to selecting the correct questionnaire based on the child's age; *ASQ* administration intervals are the points in time that a provider decides to administer the *ASQ*.

ASQ-3 Month Intervals

The ASQ-3 has 21 questionnaire intervals which are:

(2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months).

ASQ -SE-2 Month Intervals

Administer the ASQ:SE-2 using the following questionnaire intervals at the times specified below:

- 2-month questionnaire before the infant reaches 3 months old (but not before 1 month of age per the ASQ authors).
- 6-month questionnaire before the infant reaches 9 months old.
- 12-month questionnaire before the infant reaches 15 months old.
- 18-month questionnaire before the toddler reaches 21 months old. (NOTE: You must contact your MIHP Universal Support and Consultation Team for approval to serve a child who reaches 18 months of age.)

If the infant is older than two months for an ASQ:SE-2 questionnaire at the time of enrollment, use the age-appropriate questionnaire and administer it within the first 3 professional visits.

Do not administer the ASQ:SE-2 at the *Risk Identifier* visit or before the infant is one month old. If it is not possible to administer the ASQ-3 or ASQ:SE-2 at the specified points in time, document the reason in the chart.

The *Infant Risk Identifier* (which includes developmental screening questions from *Bright Futures*) and the ASQ are not administered during the same visit. The *Infant Risk Identifier* is billed as an assessment visit and the ASQ is billed as a professional visit which must be documented on a *Professional Visit Progress Note*. Only under unusual circumstances can these two visits be billed on the same day.

It is not expected that the ASQ-3 and the ASQ:SE-2 will be administered on the same day.

Each questionnaire interval covers a range of months.

The ASQ authors have determined that infant must be at least one month old before it's appropriate to administer the ASQ-3. Likewise, the infant must be at least one month old before it's appropriate to administer the ASQ:SE-2.

The timing of MIHP developmental screenings using the ASQ-3 and ASQ:SE-2 is discussed below.

ASQ-3 and ASQ-SE-2 Administration Intervals

Administration intervals are the points at which the ASQ-3 and ASQ:SE-2 are repeatedly administered in MIHP.

MDHHS requires that MIHP providers administer the ASQ

- If development appears to be on schedule *screen* ASQ-3 every 4 months
- If the ASQ-3 score is close to the cutoff the screening must be repeated in 2 months.

MDHHS requires that MIHP providers administer the ASQ:SE-2 at the following points in time if development appears to be on schedule:

- before the infant reaches 3 months;
- before the infant reaches 9 months;
- before the infant reaches 15 months,
- before the infant reaches 21 months,

If the ASQ:SE-2 score is close to the cutoff, screening must be repeated in 2 months.

Using ASQ Scores to Determine What Action the MIHP Provider Should Take

<i>The infant's total ASQ-3 score will fall under one of three categories. The categories are listed in the table below with the specific action that the MIHP provider should take with respect to each category.</i>	
Total ASQ-3 Score Category	Take This Action
Score is below the cutoff ; further assessment with a professional may be needed.	Discuss with family, refer the infant to <i>Early On</i> for a comprehensive developmental evaluation, document in record.
Score is close to the cutoff .	Repeat the screening in two months. Provide learning activities and monitor.
Score is above the cutoff ; development appears to be on schedule.	Repeat the screening in four months.

<i>The infant's total ASQ:SE-2 score will fall under one of three categories. The categories are listed in the table below with the specific action that the MIHP provider should take with respect to each category.</i>	
Total ASQ:SE-2 Score Category	Take this Action
Score is above the cutoff ; further assessment with a professional may be needed.	Discuss with family, refer the infant to <i>Early On</i> for a comprehensive developmental evaluation, document in record. Alternatively, refer to Infant Mental Health.
Score is close to the cutoff .	Repeat the screening in two months. Provide learning activities and monitor.
Score is below the cutoff ; development appears to be on schedule.	Repeat the screening at the next MIHP - required age interval.

See page 72 of the ASQ-3 Users Guide and page 92 of the ASQ:SE-2 Users Guide for detail regarding scoring questionnaire (s) with omitted questions.

Although you only are required to provide learning activities when an infant scores close to the cutoff (gray zone) in a particular domain, it is strongly suggested that you provide learning activities to each family during or after each ASQ-3 and ASQ:SE-2 screening.

Remember that you may refer an infant to *Early On* for a comprehensive developmental evaluation, based solely on your professional opinion, when the infant is too young for the ASQ-3 or ASQ:SE-2 to be administered, or when you or the parent suspect there is a developmental concern that is not reflected in the infant's ASQ scores. If the developmental concern is in the social-emotional domain, you may refer to infant mental health services instead of *Early On*.

If the family declines an *Early On* or infant mental health services referral, document this in the chart. At a minimum, simply state: The family declined to accept an *Early On* or infant mental health services referral. If the infant is referred to *Early On* or infant mental health services but does not qualify for *Early On* or infant mental health services, document this in the chart. In either of these situations, share the ASQ-3 and ASQ:SE-2 learning activities with the family.

The total number of ASQ-3s and ASQ:SE-2s administered over the course of MIHP service will vary from infant to infant, depending on a variety of factors, including the following:

1. The age of the infant at MIHP entry
2. How long the infant is in MIHP
3. The infant's ASQ score at each administration
4. Whether or not ASQs are being administered by another program serving the infant
5. Whether or not the infant is referred to *Early On* for a comprehensive developmental evaluation

Adjusting for Prematurity across MIHP Developmental Screening Tools

If an infant is not the exact age of one of the questionnaire intervals listed above, use the ASQ Calculator at www.agesandstages.com/free-resources/asq-calculator to determine which questionnaire interval to use. For example, the calculator indicates that if an infant is 3 months 0 days through 4 months 30 days, use the 4-month questionnaire. The ASQ Ages & Adjusted Score Calculator APP is also available in the APP Store.

When selecting the ASQ-3 or ASQ:SE-2 questionnaire to match the child's age, the age must be adjusted if the child is younger than 24 months at the time of screening and was born 3 or more weeks prematurely. The ASQ Calculator quickly and easily adjusts for prematurity in order to select the right tool. Use of the ASQ Calculator is recommended, as it reduces the odds of calculation errors.

All three of the developmental screening tools used in MIHP require adjustment for prematurity:

Age Adjusting for Bright Futures

- When selecting the appropriate *Bright Futures* questions, you need to adjust for prematurity if the infant was born before 40 weeks gestation. Adjusted age is calculated by subtracting the number of weeks born before 40 weeks of gestation from the chronological age. This adjustment is made automatically when the data is entered electronically into the MDHHS database. However, if you select the wrong questions when you administer the *Infant Risk Identifier*, the screening results won't be valid.

Age Adjusting for ASQ-3 and ASQ:SE-2

- When selecting the ASQ-3 or ASQ:SE-2 questionnaire to match the child's age, calculate an adjusted age if the child is younger than 24 months at the time of screening and was born 3 or more weeks prematurely. Use the **ASQ Calculator** at www.agesandstages.com/free-resources/asq-calculator to quickly and easily adjust for prematurity in order to select the right tool. Use of the **ASQ Calculator** is recommended as it reduces the odds of calculation errors. The ASQ Ages & Adjusted Score Calculator APP is also available in the APP Store.

Completing and Filing the ASQ-3 and ASQ:SE-2 Information Summaries

You must complete an *ASQ Information Summary* every time you administer the ASQ-3 or ASQ:SE-2. Note that the *ASQ-3 Information Summary* form is somewhat different from the *ASQ:SE-2 Information Summary* form.

At a minimum, the scored *ASQ Information Summary* must be kept in the infant's record for each ASQ-3 and ASQ:SE-2 administered. The completed questionnaire (without the *Information Summary*) should be given to the parent. A copy of the *ASQ Information Summary* must be provided to the parent upon request.

If the parent doesn't want the completed questionnaire, it may be filed in the chart. This way all home visitors can easily see the specific developmental questions or issues that need to be addressed. However, it is not required that copies of completed questionnaires be kept in charts, as staff may not have portable copy machines for use in the field. Staff who cannot make copies in the field can cross-reference the scored *Information Summary* to the questionnaire when visiting with the parent, if the parent has kept it.

ASQ-3 Summary Form

When you complete the *ASQ-3 Information Summary*, you *are not* required to complete the following fields:

1. Child's ID number

2. The total score column if the total score circles are filled in. (NOTE: As a QA practice, complete both the total score column and the total score circles; but this is not required.)
3. Section 5 Optional

ASQ:SE-2 Summary Form

When you complete the *ASQ:SE-2 Information Summary*, you are *not* required to complete the following fields:

1. Mailing address
2. City
3. State
4. Zip
5. Telephone
6. Assisting in ASQ:SE-2 completion
7. Administering Program/Provider

You must complete all five numbered sections, including Sections #4 and #5, even if the score is below the cutoff (development appears to be on track):

- There are five items under Section #4 – Titled Follow-Up Action Taken Mark each one as Yes, No, or Unsure (Y, N, U).

Note that the questions in parentheses are “for example” questions; they are not all-inclusive and do not necessarily have to be addressed for a particular infant. See pages 96-97 in the *ASQ:SE-2 User’s Guide* for additional information.

- There are nine items in Section #5 – Follow-Up Action. Check all that apply. If the score is below the cut-off, check “Other:” and write “None.”

Infant Plan of Care –Part 2 – General Infant Development

The General Infant Development Plan of Care is not required for every infant.

Bright Futures Scores

If a concern is identified by the *Bright Futures* questions, in the *Infant Risk Identifier*, General Infant Development will score as a risk. In this case, you *must* pull the Infant Plan of Care – Part 2- *General Infant Development*. If no concern is identified by the *IRI/ Bright Futures* questions, you *may* pull this domain.

ASQ-3 and ASQ:SE-2 Scores

You must pull the Infant Plan of Care – Part 2- *General Infant Development*

- If an infant's ASQ-3 score is below the cutoff or ASQ:SE-2 score is above the cutoff
- If there are two consecutive ASQ-3 screenings scoring close to the cutoff (in the gray zone) in the *same* developmental domain.

You may pull the Infant Plan of Care Part -2– General Infant Development

- If the ASQ-3 or ASQ:SE-2 scores out in the gray zone, you may pull *General Development*.

No need to pull the Infant Plan of Care-General Development

- If there are two consecutive ASQ-3 screenings scoring close to the cutoff (in the gray area) in two *different* developmental domains, and there is no concern on the part of the caregiver or MIHP staff. Be sure to document why you did not do so.

You may pull the POC 2 whenever you have a concern about an infant's development. If you add a domain to the POC 2, follow the regular procedure, including updating and signing the POC 3 and notifying the medical care provider and Medicaid Health Plan of this significant change.

Risk Information In column 2 of the General Infant Development POC 2, the following risk criteria are included:

- Age appropriate Bright Futures questions answered (BF2-BF15) and score is positive
- ASQ-3 result (s) in gray zone
- ASQ:SE-2 result (s) in gray zone
- Professional staff concern with parent's understanding of infant development

These statements refer to screening conducted at any time during the course of care, not just to the most recent screening.

Learning Activities When ASQ-3 Score is Close to the Cutoff

New MIHP agencies are expected to purchase the *ASQ-3 Learning Activities* book from the Brookes Publishing Company. Agencies use this resource to teach families how to implement learning activities when an infant has a score close to the cutoff (gray zone) in a developmental domain.

Use the following process for introducing the learning activities to families:

- Give the family the appropriate Learning Activities sheet, based on the chosen domain and infant's age. (Or, take a cell-phone photo of the Learning Activities sheet and text it to the beneficiary.)
- If older children are present, ask if they would like to learn more about activities they can do with their new brother or sister.
- Explain that these are activities they could do with their infant to help him or her develop.

- Ask if they are already doing some of the activities. If so, provide positive feedback.
- Ask them if they would like you to demonstrate any of the activities for them.
- Ask them if they would like to try doing a learning activity with their infant while you are there.
- Ask them if they would like to try doing a learning activity with their infant in the coming week.
- If so, ask which activity and if they have any questions about it.
- Remind them that infants must do the same thing over and over repeatedly to master each little developmental step.
- Provide positive feedback on their willingness to try new things with their infant.
- Make a strength-based comment to the family about what you saw on the visit between the parent and infant.
- At the next visit, follow-up on how the learning activities are going.

The *ASQ-3 User's Guide* also includes Developmental Guide sheets for various age ranges. Developmental Guide sheets provide information about what typically developing infants may be expected to do at each age range. You are not required to share these with families, but it is recommended that you do so.

Although you only are required to provide learning activities when an infant has a score close to the cutoff (gray zone) in a particular developmental domain, it is strongly suggested that you provide learning activities to all families after each ASQ-3 screening, ideally for all five domains. There are several reasons for doing so:

1. Parents may not have access to well-researched infant development information.
2. Parents may use the learning activities to promote their infant's development, strengthening the parent – infant relationship.
3. Parents may appreciate receiving the information which could strengthen your relationship with them and lead them to perceive MIHP as having added value.
4. You would have increased opportunities to provide positive feedback when parents demonstrated or talked about using the learning activities.

Learning Activities When ASQ:SE-2 Score is Close to the Cutoff

MIHP agencies are expected to teach families how to implement learning activities when an infant scores close to the cutoff (gray zone) on an *ASQ:SE-2* screening. The *ASQ:SE-2 User's Guide* includes one-page Social Emotional Activities for infants at various age ranges (2, 6, 12, 18, 24 months, and beyond). There is not a separate book of learning activities for the *ASQ:SE-2*, as there is for the *ASQ-3*.

The process for introducing the social and emotional learning activities to families is very similar to the process described in the previous section titled *Learning Activities When ASQ-3 Score is Close to the Cutoff*.

Although you only are required to provide learning activities when an infant has a score close to the cutoff (gray zone), it is strongly suggested that you provide learning activities to families after each ASQ:SE-2 screening. The reasons for doing so are given in the last paragraph of the previous section.

The ASQ:SE-2 *User's Guide* also includes one-page Social Emotional Development Guides for infants at various age ranges (2, 6, 12, 18, 24 months, and beyond). Social Emotional Development Guides provide information about what typically developing infants may be expected to do at each age range. You are not required to share these with families, but it is recommended that you do so.

Infants Being Screened by Other Early Childhood Providers

If another early childhood provider is conducting ASQ-3 and ASQ:SE-2 screenings for an infant, the MIHP provider need not duplicate them. Just be sure to document that developmental screening is being provided by another entity and obtain copies of the *ASQ Information Summary* for the infant's record.

If you are unable to secure the *Information Summaries* from the other early childhood program, note the attempts made to do so. You must then conduct the ASQ-3 and ASQ:SE-2 as appropriate from that point forward.

If the infant drops out of the program that has been conducting the screenings, then screening becomes your responsibility. Document that you have asked the caregiver and that the infant is or is not continuing with the other Early Childhood program.

When an infant is referred to the *Early On* program, he or she will receive a developmental evaluation, which is much more comprehensive than ASQ screening, and which will be used to determine eligibility for *Early On* services. If the infant is found to be eligible for *Early On*, an *Individualized Family Service Plan (IFSP)* will be developed and services will be provided. In this case, the MIHP provider need not continue to conduct ASQ screenings but should document that the infant is receiving services through *Early On*.

If the infant is not enrolled in *Early On* because he is found to be ineligible or the family decides against enrollment, or the infant is enrolled but then drops out of *Early On*, it is your responsibility to resume developmental screening.

Developmental Screening with Multiples

It may not be feasible to complete, score, and discuss the results of ASQ screenings for more than one infant at one visit, especially if developmental guidance is provided. Therefore, in the case of multiples, the MIHP provider may need to conduct developmental screening for each infant at a separate visit.

Since developmental screening is conducted periodically during infancy and screening multiples could take a significant number of visits, the MIHP provider may need to ask the medical care provider to authorize an additional 9 visits. The MIHP provider can only bill under one infant's Medicaid ID number per family for the first 9 visits and for any additional visits authorized by the medical care provider.

When you are serving multiples, you track ASQ-3 and ASQ:SE-2 screening dates on the *Infant Forms Checklist* for the infant whose Medicaid ID is used to bill blended visits. The *ASQ-3 and ASQ:SE-2 Tracking for Multiples* form is used to track screening dates for the other multiples in the family. File the *Tracking for Multiples* form in the chart of the infant whose Medicaid ID is used to bill blended visits or in the family chart.